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COSMECEUTIQOL: A DERMO-COSMETIC QUALITY-OF-LIFE ASSESSMENT TOOL

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OBJECTIVES: For over 40 years, "dermo-cosmetics", or "cosmeceuticals", have been identified with the field of cosmetics and hygiene products adhering to the rules of good practice of pharmaceutical science. Paradoxically, while "dermo-cosmetics", or "cosmeceuticals", are developing and now concern all age groups of the population, there is no quality-of-life questionnaire available to assess the impact of this treatment on quality of life.The evaluation of its impact in terms of quality of life is however a bold, ambitious and also necessary step. The CosmeceutiQoL has arrived to fill this gap. . The objective of this evaluation was to test the CosmeceutiQoL's sensitivity to change in women using a dermo-cosmetic. **METHODS:** Women aged 22 to 66y and users of Tolerance Extreme DEFI were recruited in French pharmacies. They completed the CosmeceutiQoL on inclusion and on the 7th and 14thday. An irritability and Sensiscale score were also taken. **RESULTS:** Fourty-four women aged 22 to 66y, 72% report using day cream, 42% a night cream. The irritability score, measured using a visual analog scale, was 4.2 at baseline. Sensitivity, measured using the Sensiscale, was 43.3 at baseline. The CosmeceutiQoL score was 42.5.On the 7th and 14thday, the irritability score was 2.39 and 1.23 and the Sensiscale was 19.80 and 7.03 respectively. During the same time interval, the CosmeceutiQoL scores were 53 and 71. For the three scores, there was a statistically significant improvement in the score from the 7th day. This improvement was confirmed on the 14th day. There were no significant differences according to the patient's age. **CONCLUSIONS:** The CosmeceutiQoL questionnaire was created and validated in 2010. Its objective was to assess a dermo-cosmetic's impact on the quality-of-life of women. The significant improvement in the score from the 7th day, maintained on the 14thday, confirms the relevance of this questionnaire.The CosmeceutiQoL's reproducibility was confirmed during questionnaire validation, and this evaluation validates sensitivity to change.

SENSORY SYSTEMS DISORDERS - Health Care Use & Policy Studies

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PREVALENCE OF CHRONIC WOUNDS IN GERMANY — A SECONDARY DATA ANALYSIS

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OBJECTIVES: Since in Germany no population-based results of the frequency of chronic wounds are available, the prevalence of chronic wounds was computed using routine statutory health insurance data. **METHODS:** Data on medical care in all health-service sectors, i.e. stationary and ambulant care, drug and remedy prescriptions, of patients with chronic wounds of a national statutory health insurance (Deutsche Angestellten-Krankenkasse) based on approximately 6.3 Million members covering the years 2007/08 were available. Chronic wounds were identified by a priori specified ICD-10 diagnoses. Organized data of statutory health insurance, originally assessed for panel doctors' clearings, require a high effort to be converted into a format suitable for scientific analysis. Data records were checked iteratively for integrity and plausibility. As chronic wounds are more frequent in older age groups, prevalence rates for the insurants have to be adjusted for age and sex to consign them to the German general population. Moreover subgroup analyses were conducted for year and diagnoses, confidence intervals were calculated. **RESULTS:** Approximately 178 Million data records were merged. Data quality proofed to be good and sufficient for reliable analyses. Based on approximately 158 000 patients with chronic wounds a prevalence rate of 1.61% (1.60-1.62) was calculated for 2007, 1.70% (1.68-1.70) for 2008. The increase over time also appeared for diagnostic subgroups, e.g. ulcus cruris increases from 0.99% (0.98-1.00) to 1.02 (1.01-1.03). Higher rates in the elderly were also confirmed. The highest sex-adjusted rate was observed for ulcus cruris in patients aged 90 or older (11.05%). **CONCLUSIONS:** Data of statutory health insurances offer a high potential for health services research. Because of the high number of cases and adjustable demographic factors the data can be used for calculation of population based prevalence rates and can be compared to other studies, different diagnoses, health systems and geographical regions.

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PREDICTORS OF BIOLOGIC TREATMENT IN PSORIASIS POPULATION

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OBJECTIVES: Significant advances have been made in treatment of psoriasis with advent of biologic therapies. However, no studies to date have examined predictors of biologic treatment. Based on analyses of the Adelphi Disease Specific Programme database for Psoriasis (2007), the authors examined predictors and patient characteristics of biologic treatment for Psoriasis patients in Spain, France and UK. **METHODS:** Current biologic users were defined as having three previous regimens of non-biologic use and current regimen was reported as biologic treatment. Biologic treatment included infliximab, etanercept, and adalimumab. Non-biologic users demonstrated no biologic treatment use in three previous and one current regimen. Patients whose current severity characterized as Moderate-Severe had a mean PASI Score > 10. Mild patients had a mean PASI score <= 10. **RESULTS:** Analyses revealed that greater proportion of biologic users were obese by BMI and have nail and joint involvement versus non-biologic users. For Spain, France and the UK, 18%, 23% and 23% of current biologic users were obese vs 7%, 9% and 0% for non-biologic users. 49%, 66%, 45% of current biologic users vs 25%, 23%, 100% of non-biologic users had nail involvement and 24%, 36%, 15% of current biologic users vs 8%, 11%, 50% of non-biologic users had joint involvement or psoriatic arthritis. Findings did not reach statistical significance. Logistic regression models adjusting for age, gender, and PASI Score demonstrated statistically significant increased odds of being current biologic user vs. non-biologic user if patient had health insurance for biologic treatment. Spain: OR =43.6 (95% CI: 13.4 – 142.1); France, OR =26.8 (95%CI: 7.0-73.2);UK, OR = 3.9 (95% CI: 1.01 – 15.21). Percentage of patients with health insurance for biologic treatment were: 40%, 31%, and 2.5%. **CONCLUSIONS:** Lack of health insurance is an important predictor of current biologic treatment, since moderate-severe patients who demonstrate increased nail and joint involvement, may not receive adequate treatment due to lack of health insurance.

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TREATMENT PATTERNS OF BIOLOGIC USE IN PSORIASIS PATIENTS IN ENGLAND

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OBJECTIVES: To describe biologic treatment patterns and effectiveness among patients with psoriasis who initiated biologic therapy in dermatology clinics in England. **METHODS:** A chart review was conducted using a sequential cohort of 169 patients with psoriasis ≥18 years of age from six dermatology clinics. Data were abstracted for patients newly initiating biologic treatment between 1 July 2005 and 30 June 2009. Severity was measured by the Psoriasis Area and Severity Index (PASI, range: 0 to 72) at baseline and time of treatment change. Higher scores indicated increased severity (score >10 indicates moderate to severe disease); adequate response was defined by a ≥75% reduction. Biologic treatment patterns in the first 12 months following initiation (discontinuation, switching, dose increase, and persistence), including reason for treatment change, were collected. **RESULTS:** Average age at biologic initiation was 49 years, 59.5% were male, with mean disease duration of 15 years. Mean (SD) PASI score at initiation was 18.4 (7.8). Eighteen percent of patients discontinued biologic use, 12% switched, and 7% increased their biologic dose within the first 12 months. Patients who persisted on initial biologic therapy (63%) achieved an average PASI score of 3.9 (78% improvement) at 12 months. When lack of effectiveness was cited at time of discontinuation, the mean PASI score was 22.6 (43% increase). Among patients who switched, the mean PASI was 15.7 (24% reduction) at the time of switch. In those who increased their dose, mean PASI score was 9.4 (52% reduction) at the time of dose increase. **CONCLUSIONS:** A large proportion (37%) of patients changed or discontinued biologic therapy due to an inadequate response to initial treatment within the first year. These patients experienced limited PASI response and PASI scores were found to be high at time of treatment change, suggesting an unmet need exists for this population.

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IMPACT OF SPECIALTY ON PATIENT-PHYSICIAN INTERACTION AND TREATMENT PATTERNS: AN ON-LINE STUDY OF ECZEMA PATIENTS

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OBJECTIVES: To better understand care patterns and quality of life amongst eczema patients and explore potential differences associated with dermatologist access. **METHODS:** UK patients were invited to complete an on-line screener for the study based on: self-reported eczema, use of Rx/OTC treatment, and consultation with a doctor. Eligible subjects proceeded to a 32 question survey; successful completers received £10. **RESULTS:** We screened 258 adults to obtain 100 completed surveys between 25 May and 1 June. Although 65% were diagnosed 10+ years ago, 74% report it is difficult, very difficult, or extremely difficult to manage their condition. Eczema has a very or extremely large effect on a patient's life for 41%; an additional 32% experience a moderate effect based on the Dermatology Quality of Life Index. 69% of respondents report asking their GP for referral to a dermatologist, but 47 of 69 were ultimately referred (68%). While there are some similarities between GP and dermatology visits (e.g., description of medicine and associated side effects), individuals visiting a dermatologist report: longer visit duration (68% spent 10+ minutes vs. 10% GP, p=<0.001); discussions of eczema cause (62% Derm vs. 30% GP, p =0.0012); description of eczema symptoms (68% Derm vs. 38% GP, p=0.0018); and training on moisturizer application (94% Derm vs. 64% GP, p=0.0007). Although differences in care exist, there was no apparent difference in severity between those patients referred vs. not referred to a dermatologist, nor was there an apparent difference in education, age, gender, income or employment status. **CONCLUSIONS:** This study demonstrates the impact of eczema on patient QoL, and differences in management between GPs and dermatologists highlighted by more education by dermatologists. Previous studies have demonstrated that more education leads to better outcomes. Standardising referral guidelines by including the DLQI may lead to more appropriate referrals and optimized patient management.